Healthy Child
Manitoba

Annual Report
2002-2003

Manitoba

Manitoba

September 2003

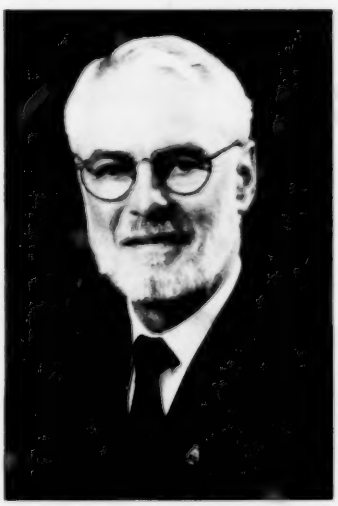
His Honour Peter Liba
Lieutenant-Governor
Province of Manitoba

May It Please Your Honour:

I have the pleasure of presenting herewith the Annual Report of Healthy Child Manitoba of the Province of Manitoba for the year 2002/2003.

Respectfully submitted,

Tim Sale
Chair, Healthy Child Committee of Cabinet



Healthy Child Manitoba

A partnership of:
Manitoba Aboriginal and Northern Affairs · Manitoba Culture, Heritage and Tourism · Manitoba Education, Training and Youth
Manitoba Family Services and Housing · Manitoba Health · Manitoba Justice · Status of Women

Manitoba

September 2003

Tim Sale
Chair, Healthy Child Committee of Cabinet
314 Legislative Building

Sir:

I have the honour of presenting to you the Annual Report of Healthy Child Manitoba for the fiscal year ending March 31, 2003.

This report reflects Healthy Child Manitoba's continued commitment to facilitate child-centred public policy. In 2002/03, Healthy Child Manitoba's activities and achievements included:

- hosting a one-day summit on early childhood development entitled *Investing in Today's Children... Tomorrow's Leaders on November 20, 2002,* National Child Day;
- releasing Manitoba's 2002 progress report on early childhood development expenditures, in accordance with the September 2000 Federal/Provincial/Territorial Early Childhood Development Agreement;
- implementing the Healthy Baby Manitoba Prenatal Benefit and Community Support Programs in community sites across Manitoba;
- modifying the BabyFirst screening form to collect additional data on the prevalence of alcohol use during pregnancy to assist in targeting program resources for FASD prevention;
- coordinating a provincial consultation forum in December 2002, to develop and refine the Healthy Schools Model;
- facilitating ongoing dialogue across Manitoba's Parent-Child Centred Coalitions through the Council of Coalitions inaugural meeting in October 2002;
- expanding the provincial approach for Healthy Adolescent Development through the inclusion of harm reduction strategies for risk behaviours; and
- advancing the Healthy Child Manitoba Provincial Research and Evaluation Strategy.

Healthy Child Manitoba continues to work toward the best possible outcomes for Manitoba's children.

Respectfully submitted,

Tannis Mindell
Chair, Healthy Child Deputy Ministers' Committee

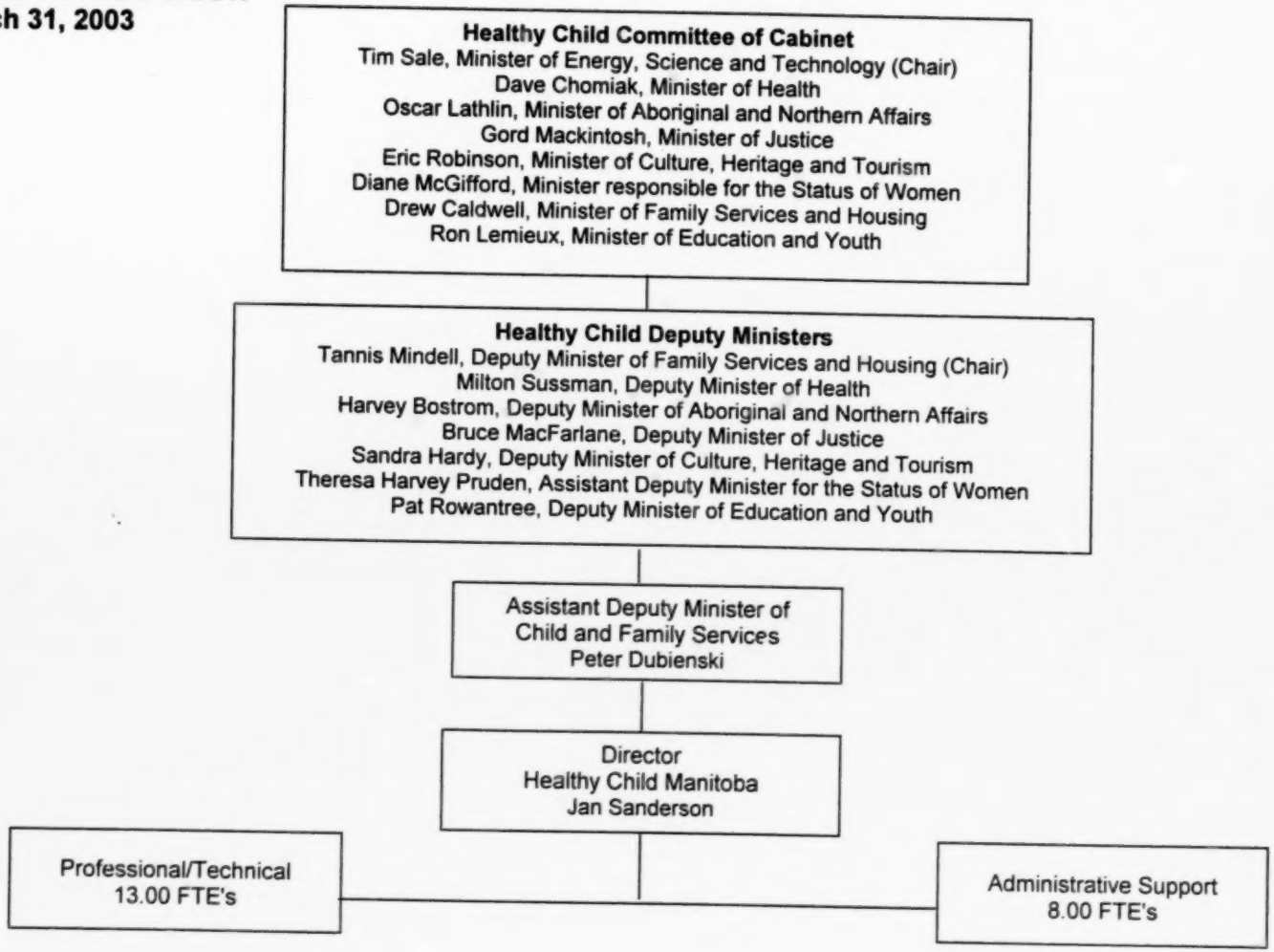
Healthy Child Manitoba

A partnership of:
Manitoba Aboriginal and Northern Affairs · Manitoba Culture, Heritage and Tourism · Manitoba Education, Training and Youth
Manitoba Family Services and Housing · Manitoba Health · Manitoba Justice · Status of Women

Table of Contents

Title	Page
Minister's Letter of Transmittal	3
Deputy Minister's Letter of Transmittal	5
Table of Contents	7
Organizational Chart	8
Preface	9
Report Structure	9
Mandate	9
Background	9
Healthy Child Manitoba Vision	10
Objectives	10
Major Activities and Accomplishments	11
HCM Program Development and Implementation	11
Parent-Child Centred Approach	11
Healthy Baby	13
Home Visiting Supports	13
BabyFirst	13
Early Start	14
FASD Prevention and Support	15
Healthy Schools	17
Healthy Adolescent Development	18
Community Capacity Building	19
HCM Policy Development, Research and Evaluation	20
Reconciliation Statement	26
Expenditure Summary	27
Historical Expenditure and Staffing Summary	28

HEALTHY CHILD MANITOBA
ORGANIZATION CHART
March 31, 2003


Healthy Child Committee of Cabinet
Tim Sale, Minister of Energy, Science and Technology (Chair)
Dave Chomiak, Minister of Health
Oscar Lathlin, Minister of Aboriginal and Northern Affairs
Gord Mackintosh, Minister of Justice
Eric Robinson, Minister of Culture, Heritage and Tourism
Diane McGifford, Minister responsible for the Status of Women
Drew Caldwell, Minister of Family Services and Housing
Ron Lemieux, Minister of Education and Youth
Healthy Child Deputy Ministers
Tannis Mindell, Deputy Minister of Family Services and Housing (Chair)
Milton Sussman, Deputy Minister of Health
Harvey Bostrom, Deputy Minister of Aboriginal and Northern Affairs
Bruce MacFarlane, Deputy Minister of Justice
Sandra Hardy, Deputy Minister of Culture, Heritage and Tourism
Theresa Harvey Pruden, Assistant Deputy Minister for the Status of Women
Pat Rowantree, Deputy Minister of Education and Youth
Assistant Deputy Minister of
Child and Family Services
Peter Dubienski
Director
Healthy Child Manitoba
Jan Sanderson
Professional/Technical
13.00 FTE's
Administrative Support
8.00 FTE's

PREFACE

Report Structure

The Annual Report is organized in accordance with Healthy Child Manitoba's appropriation structure, which reflects the authorized votes approved by the Legislative Assembly. The report includes information at the Main and Sub-appropriation levels relating to Healthy Child Manitoba's objectives, actual results achieved, financial performance and variances, and an historical table of expenditures and staffing. Expenditure variance explanations previously contained in the Public Accounts of Manitoba are now provided in the Annual Report. Healthy Child Manitoba is budgeted under two main appropriations:

- Healthy Child Manitoba; and
- Amortization of Capital Assets.

Mandate

Within Manitoba's child-centred public policy framework, founded on the integration of economic justice and social justice, and led by the Healthy Child Committee of Cabinet, Healthy Child Manitoba works across departments and sectors to facilitate a community development approach to improve the well-being of Manitoba's children, families and communities.

Background

In March 2000, the Manitoba government established Healthy Child Manitoba and the Premier created the Healthy Child Committee of Cabinet. The Chair, appointed by the Premier, during 2002/03 was Minister Tim Sale, Minister of Family Services and Housing at the outset of the fiscal year, latterly Minister of Energy, Science and Technology. The Healthy Child Committee of Cabinet develops and leads child-centred public policy across government and ensures interdepartmental cooperation and coordination with respect to programs and services for Manitoba's children and families. As one of a select number of committees of Cabinet, the committee signals healthy child and adolescent development as a top-level policy priority of government.

The Healthy Child Committee of Cabinet was initially comprised of the Ministers of Family Services and Housing; Health; Justice and Attorney General; Aboriginal and Northern Affairs; and Education, Training and Youth. In November 2000, the Premier expanded the Healthy Child Committee of Cabinet to include the Minister of Culture, Heritage and Tourism and the Minister responsible for the Status of Women. The committee meets on a monthly basis. It is the only Cabinet committee in Canada that is dedicated to children and youth.

Healthy Child Committee of Cabinet

Tim Sale (Chair), Minister of Energy, Science and Technology
Dave Chomiak, Minister of Health
Oscar Lathlin, Minister of Aboriginal and Northern Affairs
Gord Mackintosh, Minister of Justice
Eric Robinson, Minister of Culture, Heritage and Tourism
Diane McGifford, Minister responsible for the Status of Women
Drew Caldwell, Minister of Family Services and Housing
Ron Lemieux, Minister of Education and Youth

Directed by the Healthy Child Committee of Cabinet, the Deputy Ministers of the seven partner departments share responsibility for implementing Manitoba's child-centred public policy within and across departments, and ensure the timely preparation of program proposals, implementation plans and resulting delivery of all initiatives. Chaired by the Deputy Minister of Family Services and Housing, the Healthy Child Deputy Ministers' Committee meets on a monthly basis.

Healthy Child Deputy Ministers' Committee

Tannis Mindell (Chair), Deputy Minister of Family Services and Housing
Milton Sussman, Deputy Minister of Health
Harvey Bostrom, Deputy Minister of Aboriginal and Northern Affairs
Bruce MacFarlane, Deputy Minister of Justice
Sandra Hardy, Deputy Minister of Culture, Heritage and Tourism
Theresa Harvey Pruden, Assistant Deputy Minister of Manitoba Status of Women
Pat Rowantree, Deputy Minister of Education and Youth

Healthy Child Manitoba Vision

The best possible outcomes for Manitoba's children.

Objectives

The major responsibilities of Healthy Child Manitoba are to:

- develop, fund, and evaluate innovative initiatives and long-term strategies to improve outcomes for Manitoba's children;
- coordinate and integrate policy, programs, and services across government for children, youth, and families using early intervention and population health models;
- increase the involvement of families, neighbourhoods, and communities in prevention and early childhood development services through community development; and
- facilitate child-centred public policy development and knowledge exchange across departments and sectors through evaluation and research on key determinants and outcomes of children's well-being.

MAJOR ACTIVITIES AND ACCOMPLISHMENTS

Healthy Child Manitoba (HCM) coordinates the Manitoba government's long-term, cross-departmental strategy to support healthy child and adolescent development. During 2002/03, HCM continued to improve and expand Manitoba's network of programs and supports for children, youth and families. Working across departments and with community partners, HCM is committed to putting the interests of children and families first and to building the best possible future for Manitoba. HCM works through two major activities: (a) program development and implementation; and (b) policy development, research and evaluation.

HCM PROGRAM DEVELOPMENT AND IMPLEMENTATION

Healthy Child Manitoba's program activity continued to focus on the five core commitments of the Healthy Child Committee of Cabinet: parent-child centres; prenatal and early childhood nutrition; fetal alcohol syndrome (FAS) prevention, nurses in schools; and adolescent pregnancy prevention. Since 2000, these commitments have evolved and expanded, and become known as:

- Parent-Child Centred Approach;
- Healthy Baby;
- Fetal Alcohol Spectrum Disorder (FASD) Prevention and Support;
- Healthy Schools; and
- Healthy Adolescent Development.

HCM Program Development and Implementation is supported by the Healthy Child Interdepartmental Program and Planning Committee, which includes officials from the seven HCM partner departments, as well as the Community and Economic Development Committee of Cabinet and Manitoba Intergovernmental Affairs (Neighbourhoods Alive! program). Chaired by Healthy Child Manitoba, the committee works to coordinate and improve programs for children and youth across departments.

Parent-Child Centred Approach

Based on the knowledge that community development can improve children's lives for the better, the Parent-Child Centred Approach brings together parents, community organizations, school divisions, and health professionals through regional and community coalitions that support parenting, improve children's nutrition and literacy and build capacity for helping families in their own communities. The regions are organized along the 10 Regional Health Authority boundaries outside Winnipeg, and the 12 Community Areas within Winnipeg.

There are 26 Parent-Child Centred Coalitions which operate across the province. They include: Brandon, Burntwood, Central, Churchill, Interlake, Marquette, Nor-Man, North Eastman, Parkland, South Eastman and South Westman in rural and northern regions; and Assiniboine South, Downtown, Fort Garry, Inkster, Point Douglas, River East, River Heights, Seven Oaks, St. Boniface, St. James, St. Vital and Transcona in Winnipeg. In addition, three cultural organizations received funding for parent-child centred activities in 2002/03: Coalition francophone de la petite enfance (a partnership of La Fédération provinciale des comités de parents (FPCP) and Division scolaire franco-manitobaine (DSFM)); the Manitoba Association of Friendship Centres; and the Indian and Métis Friendship Centre of Winnipeg.

Heritage Park Family Resource Centre in Winnipeg and Winnipeg River Community Resource Centre in Lac du Bonnet, two existing parent-child centres, received support under Healthy Child Manitoba's parent-child program in 2002/03. In addition, four coalitions serving inner-city residents and two northern coalitions received additional financial support in recognition of their exceptional geographic and/or socio-economic circumstances.

Each Parent-Child Centred Coalition plans activities based on local community capacity and need. A variety of service delivery approaches are used, and a wide range of activities offered. Examples include: centre-based models such as family resource centres and school hub models; home-based models such as home visiting programs and outreach services; and mobile services such as book and toy lending programs. Activities emphasize support to families through parenting, family literacy and nutrition programs and a variety of parent-child programs.

An important goal of the parent-child centred approach is to demonstrate the impact of these initiatives through a common framework for measuring and monitoring program outcomes. This is being accomplished, in part, by building local capacity for program evaluation in each coalition. Following extensive consultation with parent-child centred coalitions, an evaluation framework for the Parent-Child Centred Approach was presented at the second annual Parent-Child Evaluation Forum in October 2002. As part of this first phase of evaluation, process surveys of parent-child coalitions and parent-child programs including measures of community context, parent-child activities and system integration were developed for distribution. Evaluation of the provincial implementation of Parent-Child Centred Approach is ongoing (see *Provincial Program Evaluations* p. 22).

In October 2002, representatives from Coalitions from across Manitoba met at the inaugural meeting of the new Council of Coalitions. The idea of a vehicle for parent-child coalitions to engage one another in an ongoing dialogue had been recommended as a way for communities to share ideas, successes, challenges and best practices in their common work to support children and families. During 2002/03, the Council met twice, in October and again in February.

In response to feedback from coalitions for professional development opportunities in rural and northern areas, Healthy Child Manitoba collaborated with Education and Youth to present regional early childhood development workshops in a choice of four locations. The one-day sessions took place in March 2003 and comprised both members of parent-child coalitions and teams of people involved in Education and Youth's Early Childhood Development Initiative, a provincial program to encourage school divisions to support preschool programming and services in their communities.

Intersectoral Co-operation on Early Childhood Development (ECD)

Building on the success of the Early Years Forum in February 2001, and the *Strategies and Skills Building Workshop for Manitoba's Parent-Child Centred Coalitions* in March 2002, a one-day Summit on Early Childhood Development entitled *Investing in Today's Children ...Tomorrow's Leaders* was held on November 20, 2002, National Child Day. The event was co-hosted by the governments of Manitoba and Canada under the auspices of the Manitoba Children's Agenda, a bilateral agreement representing both governments' commitment to work together for children and families. The Honourable Ethel Blondin-Andrew, Secretary of State (Children and Youth), and Premier Gary Doer opened the event. A major theme of the conference was the critical importance of investments in the early years to achieving long-term economic prosperity. Keynote speakers included Mr. Charlie Coffey, Executive Vice-President, Government and Community Affairs, RBC Financial Group, and Dr. Dan Offord, Director of the Canadian Centre for Studies of Children at Risk, McMaster University. The summit brought together over 250 people representing broad sectors of the community and provided an opportunity to create an ongoing dialogue and partnership on ways to support Manitoba children and families.

The Summit also provided a forum for the release of *Investing in Early Childhood Development: 2002 Progress Report to Manitobans*. The report reflects the commitment Manitoba shares with governments across the country to improve supports for children and report publicly to constituents on progress, as set out in the September 2002 *Federal / Provincial / Territorial Early Childhood Development Agreement*. The document outlines the major provincial ECD programs and the progress achieved, working with community groups, to strengthen families and build healthy communities. It also points out the complex challenges that continue to face some of Manitoba's children and families and identifies the protective factors, such as positive parenting and reading with children, that need to be promoted.

Healthy Baby

In July 2001, Healthy Child Manitoba introduced the two-part Healthy Baby program: the Manitoba Prenatal Benefit and Healthy Baby Community Support Programs. The prenatal benefit — the first of its kind in Canada — provides pregnant women with financial support to eat well during pregnancy and help ensure their babies get a healthy start in life.

The *Manitoba Prenatal Benefit* is modelled after the National Child Benefit. Manitoba is the first province in Canada to extend financial benefits into the prenatal period and to include residents of First Nations on-reserve communities. Pregnant women and teens with a net family income of less than $32,000 a year are eligible for a monthly financial benefit commencing in the second trimester of pregnancy. Benefit amounts are provided on a sliding scale, to a maximum of $81.41 monthly. In 2002/03, the benefit was provided to 4,231 eligible women in Manitoba during their pregnancies. From the program's inception in July 2001 to March 31, 2003, a total of 10,222 women have received benefits.

Healthy Baby *Community Support Programs* offer social support and informal, practical learning opportunities, on a voluntary basis, for pregnant women and new mothers. Programs and outreach activities encourage early and regular prenatal care, provide nutritious snacks and cooking activities, and build women's confidence and awareness of health, parenting choices and babies' needs for nurturing. During 2002/03, increased program funding allowed for expansion of the program to fund 27 agencies serving approximately 80 communities and neighbourhoods province-wide. The program models vary and continue to evolve to meet local community needs.

In September 2002, the Winnipeg Regional Health Authority moved from direct service delivery to providing professional nurse and nutrition support to all Winnipeg programs. This new team approach provided better access for women and their families to prenatal and postnatal infant nutrition, and health and wellness information. Similarly, rural regions worked to develop partnerships with existing programs and services in their areas to facilitate more coordinated regional programming. In April 2002, the Healthy Baby milk program was introduced as an incentive to draw women to community programs. Women attending programs in cities where Safeway stores are located received Safeway coupons which could be redeemed for 4 litres of milk. Women living in rural and northern communities were given litres of Ultra High Temperature (UHT) milk.

Two provincial meetings were held for community programs' personnel in the 2002/03 fiscal year to allow networking, professional development and to encourage consistent application of program standards. During 2002/03, Healthy Child Manitoba consulted with Healthy Baby service providers on the development of a provincial evaluation framework for the Healthy Baby program. Evaluation of the provincial implementation of Healthy Baby is ongoing (see *Provincial Program Evaluations* p. 22).

Home Visiting Supports

In 2002/03, Healthy Child Manitoba continued to support community-based programs such as the home visiting supports provided through the BabyFirst and Early Start programs, both of which demonstrated improved outcomes for children and families. These two programs employ paraprofessionals who receive in-depth training in strength-based approaches to family intervention.

BabyFirst

BabyFirst is a community-based intervention designed to support families with children up to the age of three, living in conditions of risk. The program was implemented provincially through the public health program of the 12 Regional Health Authorities, and includes universal postpartum screening (over 13,000 births annually) and in-depth assessment (over 2,600 families annually) by public health nurses.

Public health nurses (PHNs) receive Core Parent Survey Training through Great Kids Inc., the training agency for Hawaii Healthy Start, the program upon which BabyFirst is modeled. In 2002/03, 36 PHNs were trained through BabyFirst to use this broad-based assessment process which explores the needs and resources of at-risk families. To date, over 250 PHNs across Manitoba have been trained in the tool. During 2002/03, BabyFirst continued to provide advanced training to all PHNs who had received parent survey training. There were 130 PHNs who participated in this invaluable skill building and refinement opportunity.

BabyFirst home visitors establish trusting, nurturing relationships with families, promote problem-solving skills, assist in strengthening the family support system, and facilitate referral to community-based services. A flagship program in Manitoba's early childhood development continuum of supports, participation in the home visiting component of the BabyFirst program increased from 450 families in 1999/00 to 1,100 families in 2002/03.

Three research sites were established in the fall of 1998 to collect data over a three-year period on child and family outcomes related to the BabyFirst program. A final report showing positive outcomes was released in the fall of 2001. Evaluation of the provincial implementation of BabyFirst is ongoing (see *Provincial Program Evaluations* p. 22).

Early Start

Early Start is a community-based, early childhood intervention for children ages two to five offered through many licensed child care programs. The goal of the program is to support families in strengthening parenting skills, accessing community resources, and preparing their children for success in school. In 2002/03, the Early Start program was offered through 28 sites in eight regions of Manitoba.

Three research sites were established in 1998 to collect data over a three-year period on child and family outcomes related to the Early Start program. A final report showing positive outcomes was released in the fall of 2001. Evaluation of the provincial implementation of Early Start is ongoing (see *Provincial Program Evaluations* p. 22).

During 2002/03, a pilot program to integrate the BabyFirst and Early Start programs was undertaken in three regional health authoritites: Burntwood, Central and the Marquette region of Assiniboine. The goal of integration is to provide seamless home visiting services for families with children from infancy to school entry.

Support for Training and Professional Development

Heathy Child Manitoba ensures all home visitors and home visitor supervisors working with families and children in the BabyFirst and Early Start programs receive comprehensive basic training and ongoing re-training opportunities to continually improve program outcomes and ensure job satisfaction.

Staff are trained in the **Growing Great Kids** curriculum, a parenting and child development curriculum that focuses on the integration of the relationship between parents and their child, with comprehensive child development information, while incorporating the family culture, situations and values specific to each parent. The curriculum aims to foster empathic parent-child relationships while also guiding staff in their efforts to provide strength-based support to families.

All home visitors are also trained in the **Manitoba Curriculum for Training Home Visitors** through *Invest in Kids* which includes training in child development and parenting, safety and well-being, child abuse and neglect, and family violence.

Home visitors also receive training in the **Nobody's Perfect Parenting Program** and **Bookmates Family Literacy Training**. Nobody's Perfect is a community-based program designed to support the development of healthy children by increasing the confidence, skills, knowledge and support available to parents. Bookmates enhances family literacy through raising parental and community awareness about the importance of reading to infants and young children. Healthy Child Manitoba provides grant support to Bookmates Inc. to deliver training workshops in literacy development, and to Youville Centre to coordinate training opportunities in Nobody's Perfect parenting workshops. The majority of new home visitors of both programs receive both types of training.

FASD Prevention and Support

During 2002/03, Healthy Child Manitoba (HCM) began to use the more current terminology of Fetal Alcohol Spectrum Disorder (FASD) to describe fetal alcohol syndrome and the associated disorders caused by prenatal alcohol exposure. FASD has become the umbrella term used by experts in the field to refer collectively to all of the diagnostic categories within this disability spectrum.

HCM's work to address FASD is accomplished through public education and awareness, prevention and intervention programs, and support services to caregivers and families. HCM supports partnerships in the community with organizations, such as the Coalition on Alcohol and Pregnancy and the Fetal Alcohol Family Association of Manitoba, to advance these goals.

During 2002/03, an interdepartmental committee comprised of representatives from HCM's partner departments continued its work to develop a comprehensive provincial strategy for reducing the number of children born with FASD, and developing supports for those already affected.

Stop FAS

Stop FAS is a three-year mentoring program for women at risk of having a child with FASD. Based on a best practice model, the program uses paraprofessional home visitors to offer consistent support to help women obtain drug and alcohol treatment, stay in recovery, engage in family planning, utilize community resources and move toward a healthy, stable, independent lifestyle.

Following the success of the two original Winnipeg sites, located at the Aboriginal Health and Wellness Centre and the Nor'West Co-op Community Health Centre, Stop FAS was expanded to Thompson and The Pas in late 2000, where they are administered respectively by the Burntwood Regional Health Authority and the Nor-Man Regional Health Authority. In spring 2002, the program was expanded further to include an additional mentor and 15 women at each Winnipeg Stop FAS site.

In 2002/03, the Stop FAS program had the capacity to serve up to 150 women: each Winnipeg site employed three mentors and served up to 45 women; and each northern site had two mentors and served up to 30 women.

In 1998, the two Winnipeg sites entered into a research project to collect data over a three-year period on the effectiveness of Stop FAS to effect change in the lives of participating women. The following are outcomes of women after three years with the Stop FAS Program:

- 86% of the women have accessed treatment;
- 65% have completed treatment or are currently in progress with treatment;
- 49% of the women are currently abstinent from alcohol and drugs;
- 49% of women are using some method of reliable family planning;
- 84% use some form of reliable birth control ***or*** are currently abstinent from alcohol and drugs;
- 28% attended upgrading or education classes; and
- 63% of target children are living with family members.

Evaluation of the implementation of Stop FAS at the four provincial sites is ongoing (see *Provincial Program Evaluations* p. 22).

Canada Northwest Fetal Alcohol Spectrum Disorder (FASD) Partnership

Through a collaborative venture of four provinces and three territories, the FASD Partnership maximizes efforts, expertise and resources to prevent and respond to the needs of FASD across jurisdictions. In November 2001, British Columbia joined the partnership of Manitoba, Alberta, Saskatchewan, Yukon, Northwest Territories and Nunavut and the group was renamed the *Prairie Northern Pacific FAS Partnership (PNPFASP)*. In February 2003, Partnership Ministers decided to change the name to *Canada Northwest Fetal Alcohol Spectrum Disorder Partnership* to increase the Partnership's profile as a Canadian initiative.

During 2002/03, Partnership Ministers held two meetings, one in the Yukon in May 2002 and a second in Vancouver in February 2003. Ministers continued to collaborate on common approaches and strategies, and advanced their vision of designing a public web site to share information about FASD prevention across jurisdictions. Other activities under the aegis of the Partnership included hosting a major conference in the Yukon in May 2002, and a community symposium in Nunavut in the spring of 2003. The Nunavut symposium was the first public event held in the new territory to focus on FASD prevention. Families from Manitoba were able to attend the Yukon conference with travel subsidies made available through a trust fund set up by the partner jurisdictions.

Manitoba assumed the lead for the Partnership in May 2002. In June 2002, the Steering Committee supporting the Ministers' committee met in Winnipeg where an intensive two-day strategic planning session generated a forward agenda for the Partnership for the next three years.

FAS Information Manitoba

In 2002/03, Healthy Child Manitoba, along with Health Canada, continued to support this provincial toll-free telephone line for FASD information and support. Managed by Interagency FAS, a community service organization expert in the field, FAS Information Manitoba (1-866-877-0050) was set up in 2001/02 to disseminate information and to provide strategies and support to individuals, families and professionals dealing with alcohol-related disabilities, and to link them to community-based services.

Screening for Prenatal Alcohol Use

In January 2003, Healthy Child Manitoba modified the BabyFirst screening form to collect more relevant data on the prevalence of alcohol use during pregnancy. As part of the initial screening process, public health nurses ask all women who deliver a baby in a Manitoba hospital about their use of alcohol during pregnancy including the frequency of alcohol use and the amount of alcohol consumed. The information collected will help Manitoba to plan and target program resources and to measure the impact of FASD prevention work.

Support in the Classroom for Students with FASD

The purpose of this program is to refine a model to enhance the school experience and outcomes for children with FAS and other alcohol-related disabilities in the Winnipeg School Division. A partnership involving Healthy Child Manitoba, Manitoba Education and Youth, and the Winnipeg School Division continued their efforts to identify, review and disseminate best academic and behavioural practices for students with FASD in grades three to six.

Healthy Schools

The Healthy Schools concept is based on a comprehensive school health model that recognizes the interdependence between health and learning, and uses a community development approach to build and strengthen partnerships among health providers, educators, families and other stakeholders, to improve the wellness of communities with higher than average factors of risk to good health.

During the 2002/03 fiscal year, Healthy Child Manitoba, in collaboration with Manitoba Health, continued to develop and refine the Healthy Schools model. A Steering Committee, with representation from the major relevant sectors, was mobilized to guide the development and implementation of a broad plan of action approved by the Healthy Child Committee of Cabinet in 2001. In December 2002, a provincial consultation forum attended by approximately 125 educators, health professionals and government and community representatives helped to further develop the Healthy Schools model and funding guidelines. In February 2003, Healthy Child Committee of Cabinet approved the new Healthy Schools Framework.

The framework includes three main components: promoting community-based activities that are consistent with the model; developing province-wide resources; and promoting targeted provincial activities in response to issues affecting the health and wellness of the school community.

The South Assiniboine Regional Health Authority and Fort La Bosse School Division implemented the first funded Healthy Schools project during the 2002/03 year, focused on a community wellness initiative at Virden Collegiate. In the spring of 2003, over 200 individual schools participated in a provincial school safety and injury prevention campaign using modest funding and great originality to promote school-based activities around the campaign themes. In 2002/03, preliminary work began on the development of resource binders for schools and health authorities and a provincial evaluation framework and strategy, in preparation for a Healthy Schools Initiative launch in 2003/04.

Middle Childhood Programming

Roots of Empathy

Roots of Empathy was developed by Mary Gordon, a Toronto educator, and is delivered through the Roots of Empathy not-for-profit organization, in partnership with communities across Canada and internationally. Healthy Child Manitoba funded a successful pilot of the Roots of Empathy program in 2001/02 in all twelve schools in the Seine River School Division. In 2002/03, six additional school divisions implemented the program: Fort La Bosse, Flin Flon, Division scolaire franco-manitobaine (DSFM), Louis Riel, Winnipeg and Lord Selkirk.

Roots of Empathy is a classroom-based parenting program that aims to reduce aggression through the fostering of empathy and emotional literacy. The program reaches children aged 3 to 14 years. Classrooms "adopt" a neighbourhood parent and infant for the duration of the school year and are guided through a curriculum that provides a vital foundation in emotional literacy and inclusion that students use to build relationships with their peers, and will draw on in later life with their own children. The curriculum is developmentally designed for different grade levels: kindergarten; grades one to three; grades four to six; and grades seven and eight.

Healthy Adolescent Development

Healthy Child Manitoba continued to work with community agencies, service providers and health professionals to offer strategies and interventions that reduce risk factors for young people, including reducing the likelihood that they will become teen parents.

In 2002/03, work continued on the development of a provincial approach to Healthy Adolescent Development, incorporating harm reduction strategies for risk behaviours and principles of population health, with knowledge of best practice models.

Healthy Child Manitoba collaborated with Klinic Community Health Centre, Manitoba Association of School Trustees (MAST) and Sexuality Education Resource Centre on a provincial pregnancy prevention media campaign, beginning in December 2002. The six-week *Think Again* campaign used television, radio, transit, billboard, posters and promotional items to draw attention to and create discussion about teen pregnancy. The media campaign was augmented by facilitator training workshops, youth workshops, peer support training and pregnancy prevention resources including brochures and a website (www.thinkagain.ca) with information about birth control, pregnancy options and access to health and counselling services.

In September 2002, the Elmwood Teen Clinic, a primary health clinic at Elmwood High School, had its official opening. Developed by a community-based committee, with support from Healthy Child Manitoba, the Clinic began as a two-year pilot project in 2001/02. It operates one-half day per week, responding to the need for local, after-hours and teen-centred health services in the Elmwood neighbourhood. Elmwood has higher than average incidence rates of teen pregnancy and sexually-transmitted infections.

Program categories under the umbrella of Healthy Adolescent Development include the following:

Mentoring Interventions

Research has shown that youth mentoring programs are highly effective in reducing high risk behaviours such as adolescent pregnancy, as well as drug and alcohol use and juvenile crime. Statistically, when compared to non-mentored youth within the same age group, vulnerable children within a successful mentoring relationship are significantly more likely to attain at least a secondary school diploma, and are significantly less likely to start using alcohol and illegal drugs and to exhibit violent behaviour.

Healthy Child Manitoba continued to support five mentoring programs both within and outside of Winnipeg: Big Brothers and Big Sisters (BBBS) of Winnipeg – In School Mentoring Program; Manitoba Chamber of Commerce – A Real Future program; BBBS of Brandon; BBBS of Portage la Prairie; and New Friends Community Mentorship programs in the Lac du Bonnet and Pinawa area.

Youth Engagement Efforts

Healthy Child Manitoba extends support to a wide range of community organizations which emphasize the direct involvement of youth in identifying their own issues and developing their own solutions. The Northern Aboriginal Youth Council, operating out of Ma Mow-We-Tak Friendship Centre in Thompson, uses culturally appropriate strategies and best practice models to reduce adolescent pregnancy. The Youth Opportunity Project, developed by the Community Education Development Association, gives selected at-risk, high school students with opportunities for education, community service and employment/training as a strategy for improving the quality of young people's lives within inner-city communities. Klinic's Teen Talk is a comprehensive health promotion program designed to empower youth to make healthy lifestyle choices. Components of these programs may include the use of community role models and elders, and an emphasis on peer mentoring to facilitate youth leadership, issue ownership and decision-making.

Public Awareness / Counselling Programs that Raise Community Awareness

Healthy Child Manitoba continued to fund a number of community-based agencies to support the healthy development of adolescents. In addition to the workshops on sexuality and reproductive health offered by Teen Talk to over 10,000 young people last year, the Teen Touch 24-hour province-wide telephone help line for youth responded to over 25,000 calls. The Elmwood Teen Clinic developed an active file of over 100 clients in its first year of operation while the Baby Think It Over computer-programmed dolls were made available to Manitoba high schools, health education centres, medical centres, regional public health nurses and various youth-serving agencies, providing many teens with a simulated experience of parenting a young infant.

Healthy Child Manitoba provides support to the Adolescent Parent Interagency Network (APIN), a partnership of agencies and professionals in Manitoba whose goal is to facilitate the sharing of information related to services and resources for pregnant and parenting teens. In 2002/03, APIN recognized the need for a resource package based on factual and non-judgemental information about pregnancy options that service providers could use in their work with teens who are facing an unplanned pregnancy. Expert professionals in the areas of parenting, abortion and adoption began work on a video, brochure, and service provider handbook to address this identified gap in available resources.

Since 2002, selected evaluations of adolescent programs have taken place. In 2002/03, data were collected from mentoring programs and culture/recreation-based programs. Evaluation of the Healthy Adolescent Development programs is ongoing (see *Provincial Program Evaluations* p. 22).

Community Capacity Building

Healthy Child Manitoba also assists communities in building local capacity to support children and families. The following organizations received funding from this program category in 2002/03:

Elmwood Teen Clinic received start up funding for program and renovation needs.

Association for Community Living – Manitoba sponsored a mini conference for early childhood educators focused on improving inclusion practices in child care settings.

Manitoba Theatre for Young People received support for the professional children's theatre production entitled, *Danny, King of the Basement,* a play about bullying.

University of Manitoba and its community partners launched the pilot of a dental health promotion campaign to reduce the risk of early childhood tooth decay, in two southern and two northern Aboriginal communities.

Manitoba Council for International Cooperation sponsored a conference for high school students entitled, *No Purchase Necessary,* focusing on international development issues.

Program Devolution

In 2002/03, Healthy Child Manitoba continued its role as an "incubator" for innovative program approaches, toward coordinated devolution to line departments and community partners. Healthy Child Manitoba may remain involved to some degree in program administration and coordination following devolution. Healthy Child Manitoba also will continue to coordinate longitudinal program evaluation after programs devolve.

The following programs were devolved from Healthy Child Manitoba to a partner department in 2002/03:

Winnipeg Boys and Girls Clubs (WBGC): Culture, Heritage and Tourism
WBGC provide community-based services ranging from recreational programs to leadership development and life skills training, after school, in the evenings, and on weekends, in six high need Winnipeg communities.

Applied Behaviour Analysis (ABA): Family Services and Housing
ABA is an early intervention pilot program for children with autism, from preschool to early elementary ages.

Compulsive Coping Behaviours Project: Family Services and Housing
A multi-agency approach to promote adaptive coping strategies for women affected by compulsive behaviours as a result of issues of domestic violence.

CHOICES: Justice
A program for select at-risk youth in grades six to eight using the classroom setting, tutors/mentors, wilderness experience, follow-up club and parental involvement to help youth avoid dangerous and criminal activity.

Families and Schools Together (FAST): Education and Youth
A school-based early intervention program for families with children ages four to nine years.

Northern Youth Council: Aboriginal and Northern Affairs
A youth-centred program of Ma Mow-We Tak Friendship Centre in Thompson that uses culturally-relevant strategies to reduce unplanned adolescent pregnancies.

Positive Adolescent Sexuality Support (PASS): Family Services and Housing
Ma Mawi Wi Chi Itata Centre-sponsored, youth-led workshops, to engage young people in the prevention of unplanned pregnancies and unhealthy sexuality choices.

HEALTHY CHILD MANITOBA POLICY DEVELOPMENT, RESEARCH AND EVALUATION

During 2002/03, the HCM Provincial Research and Evaluation Strategy continued to focus on measuring progress in child-centred public policy and assisting the Government of Manitoba in developing the most effective cross-sectoral mechanisms for achieving the best possible outcomes for Manitoba's children, families, and communities. Key components of the strategy include new community data initiatives (Early Development Instrument, Manitoba Longitudinal Survey of Children and Youth), provincial program evaluations, population-based research, specialized evaluations, and community capacity-building and knowledge exchange.

Healthy Child Manitoba Policy Development, Research and Evaluation (PDRE) work is supported by the Healthy Child Interdepartmental Policy and Evaluation Committee, which includes officials from the seven Healthy Child Manitoba partner departments, as well as the Community and Economic Development Committee of Cabinet, Manitoba Conservation and Manitoba Finance. Chaired by Healthy Child Manitoba, the Committee works to co-ordinate the Provincial Research and Evaluation Strategy across departments.

HCM PDRE staff work with the Interdepartmental Committee and cross-sectoral partners to: (a) inform and support Healthy Child Committee of Cabinet (HCCC) policy accountability; and (b) build capacity for research and evaluation, through all stages of the evaluation process: consultation, evaluation framework development, evaluation implementation, and community knowledge exchange.

HCM is responsible for Manitoba's implementation of the commitments in the September 2000 First Ministers' Meeting Communiqué on Early Childhood Development (ECD). This endeavour is led by the Federal/Provincial/Territorial (F/P/T) ECD Working Group, and includes public reporting in all jurisdictions across Canada (except Québec) regarding ECD investments, activities, outcomes of children's well-being, and the development of intersectoral partnerships for exchanging ECD knowledge, information, and effective practices. Manitoba released its first comprehensive public report on ECD at the provincial Summit on ECD, on National Child Day, November 20, 2002 (see http://www.gov.mb.ca/hcm/ecd_report.html).

As part of a Manitoba model for measuring progress in child-centred public policy, HCM continued to develop a provincial strategy to integrate the evaluations of programs in the HCM continuum, including Healthy Baby, BabyFirst, Early Start, and the Parent-Child Centred Approach. Key components of the strategy include HCM program surveys, administrative data from Manitoba departments, the Early Development Instrument (EDI), the National Longitudinal Survey of Children and Youth (NLSCY), and a new regional-level Manitoba Longitudinal Survey of Children and Youth (MLSCY), modelled after the NLSCY, to be launched in 2004.

A primary goal of the Provincial Strategy is to inform a child-centred estimates and expenditures process across the Government of Manitoba. In January 2002, HCCC Chair Minister Sale approached Minister Stewart of Human Resources Development Canada (HRDC) for federal support in developing the provincial evaluation strategy.

In January and February 2003, on behalf of the Government of Manitoba and the Government of Canada, HCCC Chair Minister Sale and HRDC Minister Stewart respectively signed an unprecedented five-year Memorandum of Understanding (MOU) for 2002/03 to 2006/07 to formally collaborate in the development of a policy accountability model that uses longitudinal data on children's development to inform policy development and government estimates and expenditures. The MOU provides a formal context for the HCM-HRDC partnership and collaboration that began in 1998.

Under this MOU, HRDC's Applied Research Branch (ARB) provides knowledge, expertise, training, technical assistance, and capacity to HCM regarding longitudinal survey design, longitudinal data collection, longitudinal data analysis, longitudinal data linkage, community knowledge exchange, and public reporting. HRDC-ARB is the major partner for the development and implementation of the forthcoming MLSCY.

In the first year of the MOU, the focus was on: HRDC-ARB training and capacity building for longitudinal data collection in Manitoba, including sessions in Manitoba and HCM staff participation in a longitudinal data analysis workshop hosted by HRDC-ARB in Ottawa; and the joint preparation of the research paper, *A New Generation of Canadian Families Raising Young Children*, scheduled for release in September 2003.

To support the Provincial Evaluation Strategy, HCM has continued to develop strategic partnerships across Manitoba departments, with federal government departments (e.g., HRDC, Health Canada) and with key community and academic organizations, including the Community Health Assessment Network of the Regional Health Authorities, Manitoba School Divisions, United Way of Winnipeg, the Winnipeg Foundation, the Manitoba Centre for Health Policy (University of Manitoba), members of the Human Development Program of the Canadian Institute for Advanced Research (CIAR), the Centre of Excellence for Early Childhood Development (CEECD), and the Canadian Language and Literacy Research Network (CLLRnet).

In 2002/03, HCM continued work on the five major components of the Provincial Evaluation Strategy: community data initiatives, provincial program evaluations, population-based research, specialized evaluations, and community capacity building and knowledge exchange.

COMMUNITY DATA INITIATIVES

The purpose of HCM community data initiatives is to inform: (a) the delivery, monitoring, and evaluation of HCCC policies and programs; and (b) research and planning that relates to HCCC policies and programs.

Early Development Instrument (EDI)

A new major HCM community data initiative, the Early Development Instrument (EDI) was implemented in 2002/03. Funded and coordinated by HCM, the EDI is being phased in on a voluntary basis in school divisions across Manitoba to measure the relative success of communities in facilitating healthy early childhood development and to predict children's "readiness to learn" in school when entering grade one.

During this first year of provincial implementation, 24 school divisions, representing over 8,000 Kindergarten students, completed the EDI, including school divisions participating in HRDC's Understanding the Early Years (UEY) initiative. It is anticipated that by 2005/06, all 38 school divisions (over 12,000 Kindergarten students) in Manitoba will be implementing the EDI on an annual basis.

The EDI is a collaboration of HCM, The Offord Centre for Child Studies, previously the Canadian Centre for Studies of Children at Risk (at McMaster University), Manitoba School Divisions, Manitoba Education and Youth, and the 26 Parent-Child Centred Coalitions across the province. Dr. Dan Offord and Dr. Magdalena Janus, co-developers of the EDI, are key partners of HCM.

Manitoba Longitudinal Survey of Children and Youth (MLSCY)

The HCM-HRDC MOU, signed in January/February 2003, supports the second major HCM community data initiative, the Manitoba Longitudinal Survey of Children and Youth (MLSCY). The MLSCY is based on the National Longitudinal Survey of Children and Youth (NLSCY). Work in 2002/03 focused on developing the detailed implementation plan and methodology to support random sampling of participant families, data collection, and data analysis.

PROVINCIAL PROGRAM EVALUATIONS

Provincial program evaluations provide information for cross-sectoral policy and program decision-making. Building on the findings from a small number of intensively studied research sites (BabyFirst, Early Start, Stop FAS), provincial programs are extensively evaluated in multiple sites with a large number of families, using quantitative data collection and analysis. Results of provincial program evaluations provide information on program effectiveness, key program components, and program efficiency toward program improvement. Provincial program evaluations assess and provide knowledge on cross-sectoral outcomes for HCM goals: physical and emotional health; safety and security; success at learning; and social engagement and responsibility.

In 2002/03, program evaluations continued to focus on the major HCM initiatives: BabyFirst, Early Start, Stop FAS, Healthy Adolescent Development, Healthy Baby, and Healthy Schools.

The evaluation of the BabyFirst provincial program, serving 1,100 families across all regional health authorities, collected year 2 and year 3 outcome data in 2002/03. Data from the previous year's preliminary baseline report (age three months) suggested that universal screening and in-depth assessment processes are successful in identifying families that are most in need of home visiting and other supports.

Data collection is ongoing for the provincial evaluation of the Early Start programs with 30 sites across Manitoba. In 2002, HCM began developing an integrated evaluation framework and measures for the three BabyFirst / Early Start Integration pilot sites. Consultations with pilot sites will begin in the fall of 2003.

The evaluation of the Stop FAS research sites was expanded in Winnipeg and Northern Manitoba. Data collection is ongoing.

Data collection is also ongoing for mentoring and culture/recreational-based programs under Healthy Adolescent Development.

Following extensive consultation with Parent-Child Coalitions, the evaluation framework was presented at the second annual Parent-Child evaluation forum in the fall of 2002. Process surveys of Parent-Child Coalitions and Parent-Child programs (including measures of community context, parent-child activities, and system integration) were developed with coalition representatives and distributed in late spring of 2003. Survey findings will be presented at the third annual Parent-Child evaluation forum in the fall of 2003.

HCM also led extensive consultations with the Healthy Baby Community Support Programs. The draft evaluation framework has been completed and draft common program reporting tools have been developed. Focus groups with Healthy Baby Community Support Programs were held in the spring of 2003. Discussions have been ongoing with the Manitoba Centre for Health Policy to use administrative health data to assist in the evaluation of the Healthy Baby Manitoba Prenatal Benefit.

The draft evaluation framework for Healthy Schools was completed and a proposed set of evaluation tools is being reviewed.

POPULATION-BASED RESEARCH

Population-based research explores questions regarding child, family, and community development, and longitudinal and cohort effects of universal, targeted, and clinical interventions. Research results provide new knowledge to support policy development and program planning and to determine the most effective cross-sectoral mechanisms for achieving the best possible outcomes for Manitoba's children, families, and communities.

In 2002/03, ongoing population-based research initiatives and partnerships in Manitoba included: the 1977 Birth Cohort Study, Understanding the Early Years, Inequalities in Child Health, and Centres of Excellence for Children's Well-being.

The ***1997 Birth Cohort Study (TOTS-Parlons petite enfances)*** in South Eastman Regional Health Authority (RHA) and the Division scolaire franco-manitobaine (DSFM) is a longitudinal study of a birth cohort of children (born in 1997) which looks at the impact of child care and other early learning opportunities on early childhood development through to elementary school. Human Resources Development Canada's Applied Research Branch (HRDC-ARB), Healthy Child Manitoba and the two sites completed Phase II data collection on child care arrangements, for 635 children and 150 child care providers. Preliminary data analysis is underway at HRDC-ARB.

Understanding the Early Years (UEY) initiatives is a multi-year study of the effects of providing communities with data on the determinants and outcomes of children's development to facilitate local community development for young children and their families. UEY is an initiative of, and funded by, HRDC-ARB. Manitoba has two sponsor sites: the Winnipeg School Division (WSD) and South Eastman RHA. HCM and WSD co-chair the Sponsorship Advisory Committee which oversees the WSD UEY site. Phase I data has been collected and analyzed and a strategy is being developed to share this new knowledge with parent-child community coalitions.

The Manitoba Centre for Health Policy (MCHP)'s *Inequalities in Child Health* research project is a cross-sectional study to look at the determinants of socioeconomic disparities in children's outcomes across regions of Manitoba. This project was funded for 2002/03 to 2004/05 by the Canadian Population Health Initiative (CPHI) of the Canadian Institute for Health Information (CIHI). Data sharing agreements between MCHP and HCM have been completed. HCM data has been transferred to MCHP for research analyses to supplement HCM provincial program evaluations.

Health Canada's *Centres of Excellence for Children's Well-Being* is a multi-year initiative to create national partnership networks to disseminate the best available research on child development. HCM partnered on the work of two centres, the Centre of Excellence for Child and Youth Centred Prairie Communities (CECYCPC) and the Centre of Excellence for Early Childhood Development (CEECD). CECYCPC primary research and dissemination activities have begun. CEECD has completed several dissemination products including several national conferences, expert literature reviews, newsletters, a website, and an on-line encyclopedia.

SPECIALIZED EVALUATIONS

Specialized evaluations provide information on a specific intersectoral area of focus or issue. Policy questions are intensively studied in selected sites. Specialized evaluations are time limited and involve a single site and/or a promising program that is currently underway. Results of specialized evaluations provide outcome information on promising programs, toward establishing local best practice models in Manitoba communities.

In 2002/03, specialized evaluations included: Applied Behaviour Analysis (ABA), COACH, and Roots of Empathy (ROE).

Applied Behaviour Analysis (ABA)

A post-project case study of 15 children with autism in the ABA pilot project was completed by an independent evaluator. The results showed substantive and durable improvements in 13 children, with each individual child's potential significantly elevated and family lifestyle normalized. The evaluator also stated that three out-of-home placements for children were averted during the time of the pilot project. Some of these children had participated in ABA prior to this pilot project. Therefore, outcomes cannot be attributed solely to the pilot project. Individual case study results were discussed with Manitoba Families for Effective Autism Treatment (MFEAT) parents in the summer of 2003.

COACH

The evaluation framework for COACH has been completed and data is being collected.

Roots of Empathy (ROE)

The evaluation framework for ROE has been completed. The methodology for this evaluation is a randomized controlled trial using an accelerated longitudinal design with seven participating school divisions (Kindergarten, Grade 4, and Grade 8) from northern, rural, and urban sites in Manitoba. Outcome data is collected before, during, and after the program, from students, teachers, and parents regarding children's prosocial behaviour, physical aggression, and indirect aggression. Baseline data collection was completed in the fall of 2002, and mid-program outcome data collection was completed in the spring of 2003.

COMMUNITY CAPACITY-BUILDING AND KNOWLEDGE EXCHANGE

Capacity building and knowledge exchange include: HCM consultation, education, training, supervision, and technical expertise to assist civic, academic, and government communities to:

- plan, implement, and evaluate programs and services for children and families;
- measure and monitor outcomes at the community level;
- develop local best practice models for the enhancement of family and community resilience;
- ensure sustainable intersectoral outcomes for Manitobans; and
- share knowledge on children's development with communities.

Some examples are the following initiatives and activities: support to Assiniboine South School Division on the integration and evaluation of home visiting programs; partnership development through HCM with Canadian Language and Literacy Research Network for research and evaluation funding and support with Department of Pediatrics and Child Health, Children's Hospital, Division scolaire franco-manitobaine (DSFM), Manitoba Education and Youth, Winnipeg Foundation, and the Winnipeg Regional Health Authority; planning and development of a television documentary series on early childhood development with Frantic Films; co-development of a research forum to connect Manitoba's Early Childhood Development (ECD) researchers on behalf of Manitoba Children's Agenda; work with Manitoba Justice on the development of Turnabout, an initiative to address issues of identifying and intervening with children under age 12 in conflict with the law; and work with Seven Oaks School Division on the evaluation of their community schools initiative.

In 2002/03, HCM PDRE staff participated in or co-chaired several local, provincial, and national committees including the Community Data Network; the Community and Economic Development (CED) Committee of Cabinet Policy Working Group; the Sustainability Indicators Working Group; the Understanding the Early Years (UEY) Steering Committee; the Child and Adolescent Development Task Group of the F/P/T Advisory Committee on Population Health and Health Security (ACPHHS); the F/P/T Pan-Canadian Integrated Healthy Living Strategy Working Group; the F/P/T ECD Working Group; the F/P/T ECD Committee for Knowledge, Information, and Effective Practices; the Advisory Committee of the Centre of Excellence for Early Childhood Development, and the Board of Advisors for the Invest in Kids Foundation.

HCM PDRE staff are regularly invited to deliver presentations at local, provincial, and national conferences. In 2002/03, these included the CEECD's *Early Childhood and Violence Prevention Colloquium* in August 2002, and the *Banff Behavioural Science Conference on Effective Programs for Early Childhood Development* in March 2003, co-sponsored by CEECD.

HEALTHY CHILD MANITOBA

RECONCILIATION STATEMENT

DETAILS	2002/03 Estimates $000
2002/03 Main Estimates	21,729.7
2002/03 ESTIMATE	**21,729.7**

Appropriation 34: Healthy Child Manitoba
Expenditures by Sub-Appropriation
Fiscal Year ended March 31, 2003

Expenditure by Sub-Appropriation		Actual 2002/03 $000	Estimate 2002/03		Variance Over/(Under)	Expl. No.
			FTE	$000		
34-1A	Salaries	1,191.1	22.00	1,211.7	(20.6)	
34-1B	Other Expenditures	411.1		414.0	(2.9)	
34-1C	Financial Assistance and Grants	18,970.9		20,072.6	(1,101.7)	1
34-2	Amortization	25.6		31.4	(5.8)	2
Total Appropriations		**20,598.7**		**21,729.7**	**(1,131.0)**	

1. Underexpenditure is due primarily to delays in full implementation of the Healthy Baby program and the Parent-Child Centred Initiative.
2. Full-year allocation is in excess of the actual full-year requirements.

Expenditure Summary for Fiscal Year ended March 31, 2003 with Comparative Figures for the Previous Fiscal Year

Estimate 2002/03 $000	Sub-Appropriation		Actual 2002/03 $000	Actual 2001/02 $000	Increase (Decrease)	Expl. No.
1,211.7	34-1A	Salaries	1,191.1	1,118.1	73.0	
414.0	34-1B	Other Expenditures	411.1	450.6	(39.5)	
20,072.6	34-1C	Financial Assistance and Grants	18,970.9	14,012.8	4,958.1	1
31.4	34-2	Amortization	25.6	36.4	(10.8)	
21,729.7	**Total Expenditures**		**20,598.7**	**15,617.9**	**4,980.8**	

* *Actuals reorganized to the 2002/03 Appropriation Structure based on the 2001/02 Adjusted Vote.*

1. The increase is primarily due to implementation of Healthy Child Plan. Specifically, annualization of the Parent-Child Centred Initiative and the Manitoba Prenatal Benefit program; volume increases in the BabyFirst Program and Stop FAS Program; and incremental support for the Healthy Baby / BabyFirst / Early Start Integrated Program.

Historical Expenditure and Staffing Summary by Appropriation ($000) for Fiscal Years Ending March 31, 2000 - March 31, 2003

Actual Appropriations

Sub-Appropriation	1999 – 2000		2000 – 2001		2001 – 2002		2002-2003	
	SY	$	SY	$	SY	$	SY	$
34-1A Salaries	16.00	715.4	19.00	1,044.7	22.00	1,118.1	22.00	1,191.1
34-1B Other Expenditures		282.0		381.7		450.6		411.1
34-1C Financial Assistance and Grants		7,415.1		10,135.5		14,012.8		18,970.9
34-2 Amortization		35.3		36.7		36.4		25.6
Total	**16.00**	**8,447.8**	**19.00**	**11,598.6**	**22.00**	**15,617.9**	**22.00**	**20,598.7**

Includes 10% post-consumer waste